UK exempts motor racing from advertising ban

Zosia Kmietowicz, *London*

The British government has decided to exempt Formula One motor racing from a tobacco sponsorship ban.

The decision has infuriated the European Commission (which has been working for a European-wide ban) and the opponents of tobacco advertising, and it has generated criticism of the possible conflict of interest involving the husband of the minister for public health, Tessa Jowell.

Organisations that have campaigned to see tobacco advertising in sport stamped out have promised to keep up pressure to ensure that Formula One cars are banned from displaying tobacco logos.

The exemption came after the sport's governing body, the Fédération Internationale de l'Automobile, and the Formula One administration protested that a ban would lead to large job losses in the British motor industry and loss of income throughout Europe as the sport would be forced to move out of Europe to Asia.

The European Commission believes that it will now be difficult to persuade other member states to allow an exemption without agreeing to other sports receiving the same exemption. The social affairs commissioner, Padraig Flynn, was "surprised and disappointed" by the British action.

Clive Bates, director of Action on Smoking and Health, accused the tobacco companies of using "bully boy tactics to force the government to weaken its stance on smoking control."

Dr Bill O'Neill, science and research adviser to the BMA, said that Britain's action threatened to "derail" the EU's directive on tobacco advertising due to be discussed next month. "The bigger danger from the UK's stand is that other countries will demand exemptions as well and the directive will begin to look like a piece of cheese—a piece of Emmental, to be more precise," said Dr O'Neill.

The BMA said that it would raise the issue at this week's meeting of the World Medical Association in Hamburg and would seek the support of other national medical associations to put pressure on governments to take action.

The Formula One industry has promised to regulate tobacco advertising itself, but Action on Smoking and Health believes that the pledge will have negligible impact and stated that recent contraventions of the voluntary code showed that the "industry cannot be trusted to police itself."

Asked why non-tobacco companies could not take over the sponsorship, a spokesperson from the Department of Health said: "We would like Formula One to look for more benign forms of advertising, but the amount of money is great and might be difficult to find."

The minister for public health, Tessa Jowell, has described charges of a conflict of interest as "deeply offensive." Her husband, David Mills, was a non-executive director of a Formula One company, Benetton Formula, until 20 May; he remains a director of Benetton Engineering. Ms Jowell said that she had sought clarification from the cabinet secretary about her husband's position. "I have taken the greatest possible care to make sure that at every stage there is no possible conflict of interest." There has also been criticism that the president of the Fédération Internationale de l'Automobile, Max Mosley, has made financial donations to the Labour party. □

SPORTING PICTURES (UK) LTD

Campaigners want all advertisements banned

Canadian doctor calls for more education on abortion

David Spurgeon, *Quebec*

A gynaecologist in Vancouver who performs abortions and was shot three years ago by a sniper is calling for more extensive abortion education among medical students (*BMJ* 1994;309:1322).

Despite an international investigation and a $C100 000 (£45 000) reward, Garson Romalis's attacker has not been found. But Dr Romalis continues to perform abortions. Uniformed and plain clothes policemen patrolled a building where he recently addressed medical students on abortion issues at the University of British Columbia.

His experience persuaded him to become active in promoting increased knowledge of abortion issues among younger doctors. Carolyn Egan of the Ontario Coalition for Abortion Clinics said that legal access to abortion might be lost if young doctors were unwilling to emulate Dr Romalis and others. The symposium's organisers want to see abortion included in medical curriculums, covering such aspects as counselling for patients who want abortions, early and late abortion techniques, and political and legal factors.

The executive vice president of the Society of Obstetricians and Gynaecologists of Canada, Andre Lalonde, confirmed the prediction he made in 1994 that the attack on Dr Romalis would reduce the number of doctors willing to perform abortions. "Ottawa has only one hospital and one clinic doing them. There is only one physician in Montreal who will do second trimester abortions." Although the number of abortions performed has not noticeably reduced in major cities, it has in smaller cities, and Dr Lalonde said that doctors were increasingly prescribing abortifacient drugs such as mifepristone. □

In brief

Council of Europe bans human cloning: The Council of Europe has adopted a protocol banning human cloning. This must now be ratified by all 40 members and will prohibit "any intervention seeking to create a human being genetically identical to another human being, whether living or dead."

US health panel's statement on acupuncture: A consensus panel of the National Institutes of Health has concluded that acupuncture is an effective treatment for nausea and vomiting after operations and dental treatment, during pregnancy, and after chemotherapy. The panel has no binding power over doctors.

Smoking in UK increases: The figures for smoking in Britain have gone up for the first time in 25 years. The 1996 general household survey found that cigarette smoking among men aged 20-24 rose to 43% from 40% a year earlier. Among women aged 25-34 it rose to 34% from 30%.

UK bans animal tests on cosmetic products: The cosmetics industry in Britain has agreed an immediate voluntary ban on the use of animals to test cosmetic products. Testing for cosmetic ingredients will continue, as will most of the 2.7 million experiments on animals each year for medical and pharmaceutical research.

Diabetes increases among Americans: The US Centers for Disease Control and Prevention has announced that 798 000 new cases of diabetes occur each year. The prevalence among African Americans rose by 33% from 1980 to 1994, compared with 11% for white Americans; a disproportionate number of American Indians also develop the disease.

British Airways will ban all smoking: British Airways plans to ban smoking on all flights from March 1998. Ninety five per cent of the airline's 7000 flights a week are already non-smoking.

Scientists call for whistleblowers' charter

Sandra Goldbeck-Wood, *BMJ*

The British scientific community needs a statutory body to detect and prevent scientific fraud. This was the unanimous view of the Committee on Publication Ethics (COPE), which met in London last week. The meeting also called for a whistleblowers' charter to protect people who draw attention to fraud from victimisation.

Ian Kennedy, professor of medical law and ethics at King's College London, said that proper protection for whistleblowers was essential in detecting research fraud. Whistleblowers were often ignored, victimised, professionally ostracised, and labelled as pathological, he said.

Dr Frank Wells from Medicolegal Investigations, a private company that investigates cases of scientific fraud, described a case in which a research nurse was victimised after she complained about being asked to ignore the inclusion and exclusion criteria for a clinical trial. "Whistleblowers feel hugely vulnerable and need protection. We also need an independent body to investigate scientific dishonesty," said Dr Wells.

Cases of scientific or publication misconduct presented to the COPE meeting included forged signatures by researchers of patients giving informed consent to research; forged ethics committee approval; and forged signatures of coauthors. In some cases journals had published recognisable reports of patients without their consent or had simply rejected papers that editors believed to be fraudulent. In one case a professor had plagiarised research from 16 major journals to produce papers that he had then published in central European journals. "This is not just publication misconduct, this is serious scientific misconduct," said Dr Richard Horton, editor of the *Lancet*. Dr Horton said that Britain needed an organisation similar to the United States's Office of Research Integrity to investigate such cases.

Mr John Grant of the *British Journal of Obstetrics and Gynaecology* warned of the dangers of a "kangaroo court, where editors seek to be detectives, policemen, judges, and juries."

There is no formal body in Britain to prevent or investigate allegations of research misconduct, unlike in Denmark, which has a national committee for scientific dishonesty. This committee, like the United States's Office of Research Integrity, has independent experts, who investigate claims of scientific misconduct, and it can impose sanctions.

COPE was set up in 1997 in response to examples of publication fraud that medical editors faced. Over 100 editors of medical journals from Britain, other European countries, and North America attended the meeting. □

JEFF MOORE/NATIONAL PICTURES

Malcolm Pearce was struck off the medical register after faking studies

The president of the General Medical Council (GMC), Sir Donald Irvine, has said that he is determined to work closely with the medical profession to deal with the growing problem of research fraud. The council has agreed to set up a group, chaired by the president of the Royal College of Physicians, Professor George Alberti, to produce a set of standards for the conduct of medical research; to contact medical schools to establish existing methods of quality assurance; and to invite recommendations from editors of medical journals on how they could help to monitor submitted research. The standards committee will decide whether general GMC guidance should be issued.

Sir Donald said: "We are seeing a small but worrying number of research fraud cases before the professional conduct committee. The GMC is determined that the profession should continue to take the matter very seriously. Research misconduct damages public trust in the scientific foundation of medicine and may harm individual patients. This is not acceptable."

Welsh patients guaranteed a local hospital bed

Roger Dobson, *Gwent*

The Welsh health minister, Win Griffiths, has announced that patients in Wales who need emergency medical treatment this winter will be guaranteed a hospital bed.

Speaking at an NHS Confederation conference, Mr Griffiths said: "I regard the maintenance of emergency services as the first priority for the NHS. We need to be ready to cope with sudden, but not necessarily unpredictable, fluctuations in admissions."

About £10m ($16m) of extra funding already announced will be used, partly to reduce delays in discharging patients, and the minister said that GPs would need to work closely with hospitals and social services to achieve his aim despite a possible flu epidemic.

Mr Griffiths said: "The ability of the NHS to cope in this area is crucial, and I am pleased to say that for the first time ever health authorities have given a guarantee about the treatment of patients over the winter months. Subject to the impact of natural events—over which the NHS can have no control—all patients needing emergency admission will be admitted to their own appropriate local hospital or the nearest hospital with available beds. Health authorities have pledged to work to eliminate the unacceptable practice of patients being referred to several hospitals which are closed to admissions."

Dr Bob Broughton, Welsh secretary of the BMA, said: "I have not come across a guarantee like this before. We welcome the initiative, but there are many imponderables, and we cannot be sanguine. We don't know how bad the flu is going to be or how cold the winter will be. Once upon a time the NHS coped with the peaks of demand and had a slack time during the summer months. The slack has been eliminated over many years for the sake of cost efficiency." □

UK bans powerful laser pointers

Kamran Abbasi, *BMJ*

The British government has banned the most powerful laser pointers because they could cause retinal damage if shone directly into the eye. The pens are used as presentation aids, but they have also been misused to distract goalkeepers, policemen, and drivers at night.

Dr Ajoy Kar, reader in physics at Herriot-Watt University in Edinburgh, used sophisticated calibrated laser power meters to show that the beam from one of the more powerful laser pointers is a hundred times more intense than the brightest sunlight. Following Dr Kar's research, all class 3 laser devices have been banned, although the weaker class 1 and 2 devices are still available.

The classification of these devices differs in the United States and Europe. Under the European classification products up to class 3A are safe. In the United States a 5 mW laser device—the power often used in laser key chains—is a class 3A product, whereas in Europe, according to the International Electrotechnical Committee's classification, they are class 3B, a more stringent classification. For a 5 mW device to cause permanent retinal damage, the exposure time can be as little as two seconds.

Since their introduction as teaching aids, laser devices have become more readily available. Apart from being used by nightclubbers and concert goers, they have been used to impede the vision of drivers at night. A teenager has become the first person to be convicted of assault with a laser pen—for shining the beam into a police officer's eyes. There have also been reports that children have been competing with each other to see who can tolerate staring at the laser beam the longest.

Dr Kar said: "I was asked to carry out tests on these devices by the government. Class 1 and 2 lasers are safe, and the eye is protected by the blink reflex, but 5 mW lasers are potentially dangerous and should not be looked at directly." □

Oregon reaffirms assisted suicide

John Roberts, *Washington state*

Voters in the western state of Oregon have upheld the United States's first law that allows assisted suicide for terminally ill patients.

In 1994 Oregon, known for attempts at various types of medical reform, narrowly passed a law that permitted doctor assisted suicide. The law was challenged in the courts, which declared that states have the right to pursue such approaches. Opponents of suicide, most notably the Roman Catholic church, spent over $4m (£2.5m) to bring the issue back.

In one of the biggest turnouts in Oregon's history there was 60% support for upholding the law. Twenty other state legislatures have banned doctor assisted suicide, and in two states the voters have refused to allow it.

Under Oregon's law a patient requesting suicide must have full decision making capacity. Two doctors must confirm the capacity. The patient must have a life expectancy of less than six months and must make the request for suicide in a written form. After 15 days a doctor may prescribe lethal doses of drugs.

Doctors will not have to inject lethal drugs themselves, nor will they be forced to participate in a suicide request if they object on moral grounds. The law will, however, protect doctors who do participate.

Opponents of doctor assisted suicide argued that voters were unaware of the care provided for people who were terminally ill, including the hospice movement. However, supporters noted that Oregon has the highest rate of morphine use in the United States, which suggests that hospice care is well known but was felt to be insufficient. According to state and medical officials, no one has yet requested suicide.

Political experts see the vote as dealing not only with patients who are terminally ill. They cited voters' anger at having to vote again on an issue that was passed three years ago. Furthermore, Jim Moore, a political science professor at Portland State University, said that Oregon was a western state, where libertarian values ran high. He said that the supporters were a mixed group of liberals who had traditionally favoured doctor assisted suicide, bolstered by conservatives who thought that the government had no place in such personal decisions.

Neither he nor other experts expect Oregon's law to spread across the United States, which has been hesitant to relax the laws against doctor assisted suicide. Only Michigan, home of Dr Jack Kevorkian, who has helped several people to die, is considering any kind of liberalisation. □

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Only Oregon has shown a liberal attitude to assisted suicide

GMC takes racial discrimination seriously

Linda Beecham, *BMJ*

The General Medical Council (GMC) is determined to give a lead to the medical profession in fighting racial bias and has already made several changes in the way that it handles complaints and other information it receives about doctors.

Earlier this year the council accepted in full the recommendations of its racial equality group, and last week the council received a report on the progress that had been made. The group had commissioned the Policy Studies Institute to look at the council's procedures, and the institute's recommendations are also being implemented. The institute has been asked to undertake a further study designed to ascertain whether, and if so why, a higher proportion of overseas qualified doctors continue to be considered under the conduct procedures. A monitoring procedure has been set up to record both doctors who are complained about and complainants, and arrangements are being made to produce automated routine and ad hoc statistical reports.

The council has expanded the information it sends to overseas qualified doctors, and this now includes information about training, medical defence societies, the role of postgraduate deans, and the need for doctors to have appropriate professional indemnity cover. This year the council has begun to collect data on the ethnic origin of doctors when their names are included in the medical register for the first time. The information is collected in a voluntary questionnaire and is held in confidence.

The GMC's staff have received training in cross cultural awareness as recommended by the racial equality group. In addition, staff in the registration department have attended workshops to help them deal effectively with doctors from a wide range of ethnic origins. The programme will be extended to other staff and to members of the fitness to practise committees.

The president of the GMC, Sir Donald Irvine, reported last week that the council had signed the Commission for Racial Equality's leadership challenge and that during the road shows to launch the GMC's performance procedures he had emphasised a commitment to fairness in operating all the fitness to practise procedures.

The council's publication *Good Medical Practice* spells out that doctors must not discriminate against colleagues because of their views on a range of factors, including their culture, beliefs, race, or colour. □

UK does not have distinct drug culture

Kamran Abbasi, *BMJ*

Britain does not have a distinct drug culture but is a diverse mix of local subcultures, according to a new study. The report, *The Substance of Youth,* suggests that the commonly held image of drug users is often incorrect.

Researchers from the independent think tank, Demos, conducted the survey on behalf of the Rowntree Foundation. They surveyed 5000 people to establish the role of illicit drugs in Britain and focused on 110 respondents aged 15-24 in four areas of England.

The study found differing patterns of use of illicit drugs. For example, most recreational users from Kingston in Surrey, Brighton, and Leeds used illicit drugs for relaxation and as an integral part of their social activities. Recreational users in Wythenshawe (Manchester), however, tended to be unemployed and used drugs as a substitute for their social lives. Contrary to stereotype, young drug users trusted and respected their families, resisted peer pressure about drug use, led active lives, and did not lack self esteem.

Perri 6, director of policy and research at Demos, said: "This suggests that unless the government's new drugs czar is prepared to recognise local differences in drug cultures, his effectiveness will be undermined."

In a separate report, *Alcohol and Other Drug Use among Students in 26 European Countries,* researchers found that British teenagers had a much higher level of illicit drug use than their European counterparts.

Professor Martin Plant, one of the authors of the European study, said: "There clearly is a big difference between public policy on illicit drugs and the willingness of people to use them. All aspects of drugs policy need to be re-examined, and obviously the drugs czar has a lot of work to do as it is clear that antidrugs advertisement campaigns are not working." □

The Substance of Youth, Joseph Rowntree Foundation, 40 Water End, York YO3 6LP (£11.95).
Alcohol and Other Drug Use Among Students in 26 European Countries, Alcohol and Health Research Centre, City Hospital, Edinburgh EH10 5SB (£25).

PETER JORDAN/NETWORK

Young people's attitude to drugs varies across Britain

Methadone treatment increases in EU

Rory Watson, *Brussels*

Over 200 000 people in the European Union receive methadone treatment for drug addiction, a threefold increase over the past three years.

The figures, which come from the European Monitoring Centre for Drugs and Drug Addiction, show that the practice is most widely used in Italy, where methadone is prescribed to 50 000 people. In France, which has permitted methadone substitution only since 1995, the numbers have increased from 500 to 5000, and in Belgium there has been an increase from 2200 to 10 400 in three years.

The annual report is the second produced by the centre as part of its role in increasing the understanding of the drugs problem and of its objective of ensuring that each member state will soon use compatible methodology.

The study examines the rise in misuse of drugs such as ecstasy; it also analyses demand reduction activities and charts the increase in cooperation between national and EU authorities and international bodies in tackling the drugs problem. It notes the growth of hepatitis (especially hepatitis C) among injecting drug users.

The collection of comparable information has increased, which has enabled a more scientific evaluation of policies. This in turn "encourages a less ideological and more pragmatic approach." Although possession of drugs is universally prohibited, the monitoring centre noted that the position is considerably more flexible in practice and varies from "effective non-enforcement to the explicitly penal."

Publication of the report coincides with moves in the European parliament for a more flexible and liberal attitude by member states. The civil liberties committee wants the union to use next June's United Nations general assembly on drugs to change existing conventions so that the consumption of illegal drugs could be decriminalised and methadone and heroin could be prescribed on medical grounds. □